

**APPLICATION FORM FOR ASSOCIATE MEMBERSHIP (B) FROM
BANT EXTERNAL FULL PORTFOLIO ROUTE**

To the Governing Council: I hereby apply to become an Associate Member and Guarantor for the sum of £1, of the British Association for Applied Nutrition and Nutritional Therapy ("the Company") and acknowledge that I will be an Associate Member of the Company upon the terms of and subject to the Memorandum, Articles of Association and Members' Agreement of the Company. I understand that Associate Membership of the Company is not subject to a fee if an external full portfolio submission has been successful. **Associate Membership is valid for 6 months** from joining date. Please read the full Terms and Conditions of Membership located on our website at the following link:

www.bant.org.uk/nutritional-therapy-careers/join-bant/terms-and-conditions-of-membership/

Full Name: _____ Date of Birth: ___/___/___ Male Female
Address: _____
_____ Post Code: _____
Tel: _____ Mobile: _____ e-mail: _____

In support of my application

I enclose a copy of my Complementary and Natural Healthcare Council (CNHC) Certificate of Registration as a Nutritional Therapist

I enclose a copy of my training certificate/s

BANT Membership Terms

I understand that the Governing Council of the Company has the right to reject my application. The Governing Council, at its discretion, may request from me, or appropriate others, further information in support of my application.

I agree to abide by the **CNHC Code of Conduct, Performance and Ethics** and the **BANT Professional Practice Handbook**. I will review the content of both documents on an ongoing basis, as I understand that they will be updated periodically.

Insurance (You MUST have insurance to practise Nutritional Therapy)

I understand that it is my responsibility to ensure that I am fully covered for any Civil Liability arising out of the practice of Nutritional Therapy, including public liability, product liability, professional indemnity and libel or slander.

Signature: *(By signing here you agree to the above statements.
If you do not sign we cannot process your application)*

Mailings

Tick here if you **do not** wish to receive newsletters from BANT

Tick here if you **do not** wish to receive emails from BANT (these contain important information)

Tick here if you **do not** wish to receive occasional special offers or promotions from selected third parties about nutritional therapy products and services

Please return this application with your remittance to: **British Association for Applied Nutrition and Nutritional Therapy 27 Old Gloucester Street, London WC1N 3XX**